

TENNESSEE DEPARTMENT OF SAFETY COMMERCIAL VEHICLE DIVISION MOTOR CARRIER SECTION INTERNATIONAL FUEL TAX AGREEMENT 1148 FOSTER AVENUE COOPER HALL NASHVILLE, TENNESSEE 37210

PLEASE COMPLETE THIS FORM IF YOU HAVE AN ACCOUNTING FIRM OR REPORTING SERVICE COMPILE YOUR APPLICATIONS AND RETURNS FOR YOU.

Licensee's are required to file returns/applications and pay taxes/fees as it is owed. They are also required to accept and respond to various types of official communications with the Department of Safety.

If a licensee prefers an Accounting or Reporting firm to fulfill these responsibilities this authorization form is to be completed in its entirety. This is a privilege extended to the licensee which requires special handling by the Department; therefore, such action will not be considered unless this form is properly completed and placed on file with the Department. The completion of this form does not relieve the licensee of the legal obligations associated with a particular license. The licensee is ultimately responsible for the payment of the tax/fee as well as all acts and omissions of the stated Accounting or Reporting firm.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT, that the undersigned principal and licensee has made and
appointed, and does hereby make and appoint (Firms Name)
or agents or employees with offices at (Mailing Address)
(Phone Number), to act as Attorney-in-Fact for the undersigned, who makes this
appointment either personally or in an authorized representative capacity on behalf of a principal partner-
ship, corporation, or other entity; this power of attorney shall be limited to the following specific purposes
involving the Tennessee license(s) indicated:

To prepare, sign, and file applications with the Department of Safety.

To prepare, sign, and file with the Department of Safety tax returns or reports as required by Tennessee.

To collect refunds owed to principal by the State of Tennessee.

To take legal notice of all delinquencies, cancellation listings and official mailings prepared and sent by the Department of Safety.

To take legal notice of all tax rate/fee changes.

To preserve all records required to be kept by the principal for the statutory period of time.

To respond to communications when such responses are requested by the Department of Safety.

To take legal notice of all Notices of Intent to Audit.

To present to officials of the Department of Safety all records requested to be inspected.

To cooperate and assist officials of the Department of Safety while they are conducting all audits.

To take legal notice of all Notices of Assessments.

IN WITNESS WHEREOF, the undersigned has caused these presents to be executed, for benefit of the principal named below.

LICENSE(S) IFTA	LICENSE(S) NUMBER PREVIOUSLY ASSIGNED
REGISTRATION LICENSE(S)	
ACCOUNTING OR REPORTING FIRM B	Y: PRINCIPAL AND LICENSEE BY:
Company Name	Company Name
Signature of Owner/Legal Representative	Signature of Owner/Legal Representative
Title	Title
Address - Mailing	Address – Mailing
City/State	City/State
Phone Number	Phone Number
State of	
County of) SS.
On thisday of	,, before me the undersigned, a Notary Public for (year)
the State of	personally appeared ubscribed to the within instrument, and acknowledge to me that
IN WITNESS WHEREOF, I have set my h, this certificate above written. (year)	nand and seal thisday of
Notary Public	My Commission Expires